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 INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Tavakoli, Seyad Mahdi
Title	Force Reflective Robotic Control Sys
Art Unit	
Examiner Name	
Attorney Docket Number	62659.0001

I hereby revoke all previous powers of attorney given in the above-identified application.

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24620

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Name	Registration Number

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66)

SIGNATURE OF Applicant or Assignee of Record

Signature		Date	10/04/2006
Name	Alex Noyanis	Telephone	519-661-3847 4182
Title and Company	Director, Industry Liaison, University of Western Ontario		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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